



FOR OFFICE USE ONLY:

TAX ACCT. # _____
CONTROL # _____
SMC _____
CLASS _____
SINC _____ BOE _____

ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION-BUSINESS LICENSE TAX
425 North El Dorado Street • PO Box 1570 • Stockton, CA • 95201
Phone (209) 937-8313 Fax (209) 937-7184
Email: bl@stocktonca.gov
www.stocktonca.gov

BUSINESS LICENSE TAX APPLICATION

NEW LIC _____ Number of Employees: Full Time _____ Part Time _____ Temporary _____ Square Footage _____
CHANGE _____ Change From _____ Date of Change _____ Bus Lic # _____

NOTE: Any change in ownership, address, or business activity, requires a new application. The City of Stockton does not guarantee that information on this form will be exempt from disclosure under the Public Records Act.

****ALTERED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

BUSINESS INFORMATION:

1. Business Name (DBA) _____ Phone () _____

2. Business Address _____ Ste/Apt # _____ City _____ State _____ Zip _____
(Cannot be PO Box per CA Bus & Prof Code Section 17538.5) (List address where each individual consent to receive service of process AB2184 Sec 1600)

3. Business Mailing Address _____ Ste/Apt # _____ City _____ State _____ Zip _____
(If different from the service process address/Business address)

4. Business Email Address _____

5. **Business involved in renting residential or commercial real estate (Stockton only):**

Property Address _____

Property Owner _____ **Parcel #** _____

6. Detail Description of Business Activity _____

7. Are you Chamber of Commerce Green Certified? Yes ___ No ___ (For information contact Chamber of Commerce (209) 547-2770)

8. Start date in the City of Stockton _____ Estimated **Monthly** Gross Receipts in Stockton \$ _____

9. **Contractor's only:** Project Amount _____ CA Contractor's License # _____
Classification _____ Expiration Date _____ Annual Quarterly Contractors License

10. Seller's Permit # _____ SS# or Tax ID # _____

11. Check One: Single Owner Partnership Corporation LP LLC

OWNER(S) INFORMATION: (The following personal information is not public and will not be shared in accordance with city policy OL-103.) Proof of compliance with Business and Professions Code Section 17538.5(b)(2)(A)(B) may be submitted in lieu of home address

1. Name _____ Address _____
City _____ State _____ Zip _____ Home Phone (_____) _____
Date of Birth _____ Driver's Lic or Other I.D.# _____ State _____

2. Name _____ Address _____
City _____ State _____ Zip _____ Home Phone (_____) _____
Date of Birth _____ Driver's Lic or Other I.D.# _____ State _____

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CORPORATION, LLC, or LP INFORMATION:

Name (Must be Registered in California) _____ Corp/LLC/LP # _____

Names of Officers/Members

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

Authorized Agent: _____ Contact Phone # _____

Authorized Agent: _____ Contact Phone # _____

PLEASE NOTE:

The Issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other department of the City of Stockton and/or any other ordinance, law or regulation of the City of Stockton, State of California, or any other governmental agency.

Business Licenses are not transferable. It is your responsibility to renew your Business License whether or not you receive a renewal notice. If you are no longer conducting business in the City of Stockton, you must notify us in writing. To appeal a business license that has been denied see SMC 5.04.210.A

I HAVE READ AND UNDERSTAND THE TERMS ABOVE • I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

_____	_____	_____
Owner/Authorized Signature	Title	Date
_____	_____	_____
Owner/Authorized Signature	Title	Date

Disability Access and Education Fee (SB 1186)

**State Mandated Disability Access and Education Revolving Fund.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- o The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.
- o The Department of Rehabilitation at www.rehab.cahwnet.gov.
- o The California Commission on Disability Access at www.cdda.ca.gov.

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Processed By:		Date:	Business License Taxes/Fees	Amount
Dept/Div Checked Must Approve or Deny		Authorized Signature and Date	Registration Tax	\$24.00
<input type="checkbox"/> Planning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Mill Tax/Flat Rate Tax	
<input type="checkbox"/> Building	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Penalty	
<input type="checkbox"/> Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Prior Year(s) Taxes	
<input type="checkbox"/> Police	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		**State Mandated Disability Access and Education Revolving Fund	\$4.00
<input type="checkbox"/> Other:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>		Total Due	
			Expiration Date	

PLEASE RETAIN A COPY FOR YOUR RECORDS